



DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES

Policy No.: DOC 1.3.47	Subject: EMPLOYEE TRAVEL
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 2, plus attachment
Section 3: Personnel	Revision Date: June 1, 2002; Feb 2, 2000
Signature: /s/ Bill Slaughter	Effective Date: June 1, 1998

I. POLICY:

It is the policy of the Department of Corrections to adopt the guidelines established in the Montana Operations Manual, Volume 1, Chapter 0300, Employee Travel.

II. IMPLEMENTATION:

This policy was revised to include the Travel Expense Voucher on June 1, 2002.

III. AUTHORITY:

2-15-112, MCA. Duties and Powers of Department Heads

53-1-203, MCA. Powers and Duties of Department of Corrections

Montana Operations Manual, Volume I, Chapter 0300, Employee Travel

IV. DEFINITIONS:

None.

V. PROCEDURES:

- A. Employees who are authorized to travel will review the travel section in the Montana Operations Manual upon hire and at such times as changes are promulgated by the Department of Administration.
- B. The Centralized Services Division will notify all facilities/programs of changes in employee travel procedures, and will modify this policy as needed.

Policy No.: DOC 1.3.47	Chapter 1: Administration and Management	Page 2 of 2
Subject: EMPLOYEE TRAVEL		

- C. Employees must submit travel expense vouchers for reimbursement of travel expenses. The travel voucher may be completed electronically or manually, however, it must be signed manually by the employee and supervisor.

- D. It is the responsibility of the employee to retain a copy of each expense voucher and attached receipts for the employee's own records.

VI. CLOSING:

Questions concerning this policy should be directed to the Centralized Services Division.

State Of Montana					IMPORTANT!									
Travel Expense Voucher					Refer to instructions before preparing. Do not submit vouchers more than twice monthly.									
Name: _____					Month/Year: _____									
Address: _____					Department Headquarters: _____									
City: _____					Organization Center: _____									
State: _____ Zip Code: _____					Social Security Number: _____									
Briefly explain nature of trip(s): 														
	1		2		3	4	5	6	7		8	9		
Day	Departure Time	AM PM	Arrival Time	AM PM	Travel Details	Mode of Travel	Personal Car/Air Milage	Milage Allowance: Miles x Rate	Per Diem Allowed		Other Expenses	Total Amount		
									Attach Lodging Receipt					
									Lodging	Meals				
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3														
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29														
30														
31														
For Agency Use Only					10	Column Totals								
					11	Less Travel Advance Received							\$0.00	
					12	Net Reimbursement Due Me							\$0.00	
Accounts Payable:						13	Net Payment Due State							\$0.00
Collection Report:														
Miscellance Expenses:														
I hereby certify this is a valid travel claim to the State in accordance with statutes and administrative procedures.														
Employee's signature:							Date:							
Supervisor's approval:							Date:							